

Musculoskeletal Evaluation

Name: _____ Date: _____ Height: _____ Weight: _____
 Position: _____ S.S #: _____ BP: _____ Pulse: _____

Flexibility	Strength
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	Normal Tight Very Tight				
	1	2	3	4	5
NECK					
Rotation	Right		Left		
Side Bend					
Flexion					
Extension					

	Right		Left	
	SHOULDER			
Abduction				
Adduction				
Extension				
Int. Rotation				
Ext. Rotation				
H- Adduction				
H-Abduction				

	Right		Left	
	ELBOW			
Flexion				
Extension				
Pronation				
Supination				

	Right		Left	
	Hand			
Wrist				

	Right		Left	
	Trunk/Back			
Rotation				
Side Bend				
Flexion				
Extension				

	Right		Left	
	HIP			
Abduction				
Flexion				
Extension				
Int. Rotation				
Ext. Rotation				

	Right		Left	
	Knee			
Flexion				
Extension				

	Right		Left	
	Ankle			
Dorsiflexion				
Plantar flexion				

	Right		Left	
	Balance			

Normal Good Fair Poor
5 4 3 2

Right		Left	

Right		Left	

Right		Left	

Right		Left	
lbs		lbs	
lbs		lbs	

Grip strength Average
Low/High Range

Right		Left	

Right		Left	

Right		Left	

Right		Left	

Squat 5X _____

Comments: _____